

United Way of Greater Houston

United Way Center for Philanthropy, Leadership and Volunteerism June 19, 2017

50 Waugh Drive Houston, Texas 77007

Judge Robert Hebert County Judge Fort Bend County 401 Jackson St., Richmond, TX 77469

P.O. Box 3247 Houston, Texas 77253-3247 Phone 713-685-2300

> Chair of the Board Marc Watts

Dear Judge Hebert:

Executive Committee

Steve Bergstrom
Willie Chlang
Bruce Culpepper
Neil Duffin
Stephen M. Fraga
John T. Gremp
Robert W. Harvey
Jonathan C. Homeyer
Duncan F. Klussmann
Lynne Liberato
Jack B. Moore
Alle Pruner
Robert K. Reeves
Thomas L. Ryan
Anne Taylor

Fort Bend County in coorperation with the Fort Bend County Department of Social Services was previously awarded a grant in the amount of \$200,000 to provide case management and basic needs direct financial assistance as part of collaborative efforts with Fort Bend Recovers to strategically address critical disaster recovery needs in Fort Bend County.

Upon discussion with both The George Foundation and the Henderson-Wessendorff Foundation; United Way has recevied approval to increase the average dollar amount for client assistance from \$500 to \$1,500 per client in an effort to help address the unmet disaster recovery needs in our community.

Trustees
David Argueta
Marc Boom
J. Murry Bowden
Deborah Byers
Cynthla Colbert
Dan M. Coombs
aude Cummings, Jr.

All previous agreed upon terms and conditions outlined in the previous Service Provider Agreement remain the same. Funds are to be used exclusively for the scope of services outlined in the Agreement. A revised agreement is attached reflecting the changes as outlined above.

Cynthia Colbert
Dan M. Coombs
Claude Curmmings, jr.
Marcus Davis
Irma Diaz-Gonzalez
Daniel Cardinal DiNardo
Lynn L. Elsenhans
Ryan Lance
Gina A. Luna
Rabbi David Lyon
Fadi Michael Matta
Oniel Mendenhall, jr.
Ron Oran
Stephen Pastor
Sue Payne

I request that you sign and return the revised Service Provider Agreement to:

Esmerelda Smith United Way of Greater Houston P. O. Box 3247 Houston, TX 77253-3247

On behalf of United Way, please accept our thanks for the services you are providing to the community.

Sincerely,

Christi Thoms-Knox Tom Walters Donna Sims Wilson George C. Yang

Armando Perez Jean-Francois Poupeau

> Steve Stephens Y. Ping Sun

Scott M. Prochazka Jamey Rootes Jeff Shellebarger

M.K. Stewart

Executive Vice President & Chief Operating Officer

Trustee Emeritus Scott J. McLean

Bill Yardley Melissa Young

enc: 2

President and CEO
Anna M. Babin

United Way of Greater Houston engages caring people to improve lives and build a stronger community.

UNITED WAY OF GREATER HOUSTON SERVICE PROVIDER AGREEMENT

THIS AGREEMENT is entered into the 19th day of June 2017 by and between *United Way of Greater Houston* (UWGH) and *Fort Bend County* (Service Provider).

PURPOSE: In response to the unprecedented needs in the community following the 2016 flooding of the Brazos River, The George Foundation and The Henderson-Wessendorff Foundation (collectively, the Foundations) are committed to supporting the Fort Bend community in the recovery process to provide immediate and long-term recovery support to residents. United Way of Greater Houston acknowledges that a collaborative, also referred to as The Fort Bend Recovers (The Collaborative) Project, was established to address the long-term recovery needs in Fort Bend County.

Grants were awarded from the Foundations to United Way of Greater Houston to be used in collaborative efforts that strategically address critical disaster needs in Fort Bend County including Case Management Staff, Administrative Support, Basic Needs/Financial Assistance Fund, Disaster Behavioral Health, and a Construction Pool.

SCOPE OF SERVICES: Year 1 funding totaling \$200,000 in grant funds to be used to fund Long-Term Recovery efforts related to social service needs as specified in the grant application and budget allocated as follows:

• \$200,000 for basic needs financial assistance to 300 individuals averaging \$1,500/per client.

TERM: The grant covers the period of February 1, 2017 – December 31, 2017.

PAYMENT SCHEDULE: Funding will be disbursed as follows:

• For basic needs financial assistance, funding will be disbursed in \$50,000 increments.

REVIEW AND REPORTING: The Service Provider agrees to submit reports demonstrating the benefit of services provided and the impact achieved. The Service Provider agrees that it will submit quarterly progress reports as outlined in this agreement including: number of families, individuals and seniors served; and the type of basic needs, unmet needs or case management services provided. Due dates of these reports are as follows:

- Quarterly Progress Reports Due: 03/30/2017, 06/30/2017, 9/30/2017, and 12/31/17.
- Other reports may be required by UWGH upon request.

PERFORMANCE ISSUES: UWGH reserves the right to terminate this agreement with a 30-day notice if the service provider is not compliant with terms and conditions of this agreement.

FUNDRAISING: The Collaborative and/or Participating Agencies may solicit contributions designated for The Fort Bend Recovers Collaborative Project with prior notification of UWGH. All contributions raised must be made to UWGH. UWGH shall be responsible for the processing and acknowledgment of all monies received.

CONTINGENCIES:

- Executed Service Provider Agreement must be on file prior to disbursement of approved funding.
- Service Provider agrees to keep its financial records so that they adequately show that the funds were used exclusively for the Grant's purpose.
- Requests for assistance that exceed \$1,500 per client must receive prior approval from UWGH before disbursement.
- Any funds not used for the purpose of the Grant are to be returned to UWGH.
- To document the progress of the Grant, UWGH may schedule a phone interview or a site visit prior to the end of the grant period.
- Service Provider must maintain accurate client records in the Coordinated Access Network (CAN) system.
- Service Provider should attempt to leverage these resources as much as possible through the effective use of
 other funds. These awards are an "up to" amount and if additional funds are raised by the Service Provider's
 agency for this effort, it should offset the Foundations' award.
- Funding shifts must be requested and approved by UWGH staff listed below prior to the shift of funds.
- Service Provider must submit reports through United Way's E-CImpact system.

SERVICE LEVEL REQUIREMENTS:

Basic Needs Financial Assistance

- All cases will be monitored through the Coordinate Access Network (CAN) to track client's recovery progress
 and ensure no duplication of benefits. Information entered should include household members, demographic
 information and contact notes.
- Clients served must have been affected by the April or May 2016 Floods.
- Basic needs funds should be utilized for Unmet Needs that have occurred due to flooding.
- Case managers should conduct due diligence and obtain appropriate documentation as verification of needs and lack of resources available before providing basic needs or unmet needs funding.
- Case managers must leverage other available resources such as the Greater Houston Unmet Needs Fund prior to accessing funds through the Basic Needs grant.
- Clients must provide current driver's license, vehicle registration and proof of insurance for any requests related to motor vehicles. Applicant's name must match the name on the vehicle registration and/or insurance.
- Clients will have a recovery plan in place as a requirement to access funds. This plan will be uploaded into CAN.
- Clients with recurring ongoing basic needs or needs that existed prior to the flood should be provided with additional resources not related to the grant.
- Turn in timely reports as well as provide any supplemental information on request.

PUBLIC ACKNOWLEDGMENT: The Foundations encourage grantee and sub grantees to promote and publish news of the work of the collaborative and are permitted to acknowledge the Foundations' contributions to that work. Copies of such news releases or other written materials which include grant information should be furnished to the Foundations. Grant recipients are not permitted to use the United Way of Greater Houston logo.

UNITED WAY STAFF ASSIGNED: Mary Vazquez, Sr. Director, Community Impact, 713-685-2455 or mvazquez@unitedwayhouston.org and Terri Stuart, Fort Bend Manager, 281-207-2309 or tstuart@unitedwayhouston.org.

This agreement constitutes the entire agreement of the parties with respect to the subject matter hereof and supersedes all prior agreements, understandings or commitments of the parties, written or oral. This agreement may be amended only by an agreement in writing executed by both parties, and no oral modifications of this agreement shall be effective.

By:	Date:	July 25, 2017	
Name (print or type): Robert Hebert	Title <u>:</u>	Fort Bend County Judge	·····
United Way of Greater Houston: By:	Date:6	127/17	
Name (print or type): M.K. Stewart	Title: Exec	tive Vice President & Chief Operating	g Officer

	CERTIFICATE OF INTERESTED PAR	ITIES			FOI	RM 1295		
						1 of 1		
1	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no Interested parties. Name of business entity filing form, and the city, state and cour of business.	ntry of the business en	tity's place	OFFICE USE ONLY CERTIFICATION OF FILING Certificate Number:				
2	United Way of Greater Houston - Fort Bend Center Stafford, TX United States Name of governmental entity or state agency that is a party to the state of governmental entity or state agency that is a party to the state of governmental entity or state agency that is a party to the state of governmental entity or state	2017-235915 Date Filed: 07/12/2017						
	being filed. Fort Bend County				Date Acknowledged:			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi G645-FBRECOV UWGH Fort Bend Recovers Collaborative Project 2017 - American Project 2017 - Ame	ded under the contract	rack or identify -	ntify the contract, and provide a				
4	Name of Interested Party	City, State, Country (place of busine				of interest pplicable)		
		1		[Controlling	Intermediary		
								
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5	Check only if there is NO interested Party.				······································			
3	VIOLA R. SALINAS Notary Public, State of Texas My Commission Expires August 7, 2017	Signature of authorized	wal)	and correct.		
	AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	sart	_, this the <u>12</u>	th.	_ day of	uly.		
	Huda RSulms Viola R	Salinas	Nadar	i A				

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

of 1

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING					
Name of business entity filing form, and the city, state and country of the business entity's place of business. United Way of Greater Houston - Fort Bend Center				Certificate Number: 2017-235915			
	Stafford, TX United States		Date F				
2	Name of governmental entity or state agency that is a party to the	07/12/2017					
being filed. Fort Bend County				Date Acknowledged: 07/25/2017			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided G645-FBRECOV UWGH Fort Bend Recovers Collaborative Project 2017 - American Project 2017	led under the contract.	the co	ntract, and prov	ride a		
			Nature of interest				
4	Name of Interested Party City, State, Country (place of bus						
_				Controlling	Intermediary		
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5	Check only if there is NO Interested Party.			·	<u>.</u>		
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.		
	Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of			
i	20, to certify which, witness my hand and seal of office.						
1							
	Signature of officer administering oath Printed name of	officer administering oath	Title of o	fficer administer	ing oath		